usually in the median line, is readily closed by suture, and heals without difficulty.

In our experience it is seldom necessary to cut the perineum, but it is better to allow a moderate tear in the perineum than, by our efforts to prevent it, bring about a manifold tear in the pelvic floor and vagina.]

A Case of Duchenne's Paralysis.—STOLPER (*Monatsschrift für Geburtshülfe und Gynäkologie*, Band xiv., Heft 1) reports the case of a multipara in labor, with the child in vertex presentation, second position, and with the head transverse in the cavity of the pelvis. The child was delivered by forceps, and it was necessary to extract the shoulders by pulling upon the occiput and the chin. As the shoulders were very broad, this was difficult, and required strong traction, with marked internal rotation. The fingers could be spontaneously moved. Except a small pressure-mark on the forehead there was no sign of injury. The arm was examined by the Röntgen rays, and no separation of the bones was found. The muscles involved in paralysis were the deltoid, biceps, brachialis internus, infraspinatus, and supinator longus.

Paralysis of the brachial plexus with the use of forceps occurs most frequently where flexion is wanting, and especially in face presentation. If the arm is strongly thrown upward and backward, traction upon the clavicle may produce the same result. In this case the roots of the fifth and sixth cervical nerves are pressed against the vertebræ. A similar pressure is made when the child is extracted by traction upon the head, with strong pressure upon the shoulders. In no case have the roots of the nerves been ruptured.

The prognosis is sometimes uncertain. It is best after cases following the use of forceps, and is not absolutely hopeless where traction has been made upon the clavicle. The treatment consists in the use of electricity and massage.

Deciduoma Malignum.—WINKLER (*Zeitschrift für Geburtshülfe und Gynäkologie*, 1901, Band xlvi., Heft 2) reports the case of a woman, aged thirty-three years, who had had three normal pregnancies and labors. The last labor was four years before coming under observation. For the last four months she had had irregular hemorrhages and pain in the lower abdomen. She described a bladder-like body as having been expelled. She gave no typical history of abortion. On examination a tumor extending to the left side was felt above the symphysis pubis about the size of a child's head. It evidently was the enlarged uterus. On the left side, underneath the navel and on the left side of the vulva, there was a portion of tissue which gave indistinct fluctuation. The cervix was enlarged and soft, and the external os permitted insertion of the finger. The urine showed the presence of pus, epithelia, and a small quantity of albumin. A diagnosis was made of deciduoma with metastases, and hence inoperable. The patient shortly afterward died.

Upon autopsy the uterus was found gangrenous at the fundus, and a portion of the growth had involved the sigmoid flexure of the colon. Metastases were also present in the lungs and in the kidneys.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

EDWARD JACKSON, A.M., M.D.,
OF DENVER,

AND

T. B. SCHNEIDEMAN, A.M., M.D.,
PROFESSOR OF DISEASES OF THE EYE IN THE PHILADELPHIA POLYCLINIC.

Periscopic Lenses.—Percival, Newcastle-on-Tyne (*Archives of Ophthalmology*, 1901, No. 5), gives formulæ for the radii of curvature of the surfaces of periscopic lenses. Periscopic lenses enable the wearer to see more clearly when moving his eyes from side to side—a manifest advantage. The side next to the eye must be always concave. The following table gives the radii of curvature for some periscopic lenses when the refractive index of the glass is 1.54; r_2 is the radius of curvature in mm. of the surface next the eye (always concave); r_1 is the radius of curvature of the surface toward the light, away from the eye. The minus sign prefixed signifies that the surface before whose radius it is placed is concave toward the eye or convex to the light; the plus sign indicates the opposite, *i. e.*, that the surface is convex toward the eye. It will be seen from the tables that the side toward the light is concave toward the eye in all except four cases, those being concave or divergent lenses.

Concave Periscopic Glasses.

Power.	r_1	r_2
— 20 D . . .	+ 172.8 mm.	— 32 mm.
— 17 D . . .	+ 1512 "	— $32^{104}/_{233}$ mm.
— 15 D . . .	— 612 "	— 34 mm.
— 13 D . . .	+ 1512 "	— $42^{42}/_{59}$ mm.
— 10 D . . .	+ 1512 "	— 56 mm.
— 8 D . . .	— 843.75 "	— 62.5 mm.
— 5 D . . .	— $174^{6}/_{31}$ "	— $66^{2}/_{3}$ "
— 2 D . . .	— 102 "	— $74^{1}/_{31}$ "

Convex Periscopic Lenses.

Power.	r_1	r_2
+ 20 D . . .	— $17^{41}/_{77}$ mm.	— 50 mm.
+ 15 D . . .	— 20 "	— 45 "
+ 12 D . . .	— 22.5 "	— 45 "
+ 10 D . . .	— $24^{6}/_{11}$ "	— 45 "
+ 8 D . . .	— 30 "	— 54 "
+ 6.5 D . .	— 37.5 "	— $68^{28}/_{79}$ mm.
+ 5 D . . .	— 54 "	— 108 mm.
+ 2 D . . .	— $64^{4}/_{59}$ "	— 84 "

Considerations of the periscopic effect will determine how to correct a given case of mixed astigmatism. For example, suppose the vertical meridian